

Project Case No.	 <p><b>Puget Sound Clean Air Agency</b>          1904 3rd Ave Ste 105 Seattle WA 98101-3317          206.689.4058 • 1.800.552.3565 ext. 4058          fax 206-689-4073</p>	Date Received:
<i>Agency Use Only</i>	<b>Asbestos Annual Quarterly Report</b>	<i>Agency Use Only</i>

Copy or print last page to list additional projects

1st Qtr Due April 15	2nd Qtr Due July 15	3rd Qtr Due October 15	4th Qtr Due January 15
Property Owner:			
Mailing Address:		Contact Person:	
City:	State:	Zip:	Phone No.:

Quarterly Reports must only list those projects performed under the Annual Notice of Intent - do not include projects filed under separate notification forms. Each structure, building, or vessel on the Quarterly Report must be included on your Annual Notice of Intent. The Quarterly Report shall only apply to projects where the sum total amount of asbestos-containing material for all asbestos projects from each structure, vessel, or building in a calendar year under this section is less than 260 linear feet on pipes and/or less than 160 square feet on other components.

**Asbestos removal projects undertaken during the \_\_\_\_\_ quarter for calendar year 20\_\_\_\_**

Facility Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Project Dates		Job Site Address or Location <small>Specify Name of Bldg., Vessel, etc.</small>	Asbestos Contractor or Employee Names	Cert. Number	Quantity Removed in Linear or Square Feet	
Start	Complete				Quarter	Year Total
		Facility	1. _____	_____		
		Address or Location	2. _____	_____		
		City	3. _____	_____		
			4. _____	_____		

Method of Removal (describe): \_\_\_\_\_  
 \_\_\_\_\_

Compliance Procedures (describe): \_\_\_\_\_  
 \_\_\_\_\_

\* Attach completed page 3('s) for additional projects

Anticipated asbestos removal projects for next quarter: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<p><b>F. I do hereby certify that the information contained in this Asbestos Quarterly Report and supplemental data described herein is to the best of my knowledge, accurate and complete.</b></p>	<p><b>Agency Use Only</b></p>  <p>Reviewed By _____</p>
<p>_____ Signature</p> <p>_____ Representing</p> <p>_____ Date</p>	

## Asbestos Quarterly Reports Filing Instructions

Written Quarterly Reports must be submitted on Agency provided forms or in a format approved by the Control Officer. Quarterly Reports must only list those projects performed under the Annual Notice of Intent - **do not include projects filed under separate notices of intent.**

If no asbestos removal occurred during the previous quarter, the Quarterly Report must be submitted to indicate that no removal has occurred. Each structure, building, or vessel on the Quarterly Report must be included on your Annual Notice of Intent.

### Asbestos Removal Projects Undertaken

List the quarter and calendar year that you are filing the report for.

### Facility Name (list the following):

1. Specify the name, complete address and the telephone number of the facility.
2. Specify the facility owner or Chief Executive Officer and site contact and their telephone number.

### Project Dates

Specify the starting and completion dates of each project completed during the quarter.

### Job Site Address or Location

List the name and address of each building, structure or vessel where projects have been completed.

### Asbestos Contractor or Employee Name(s)/Certification Number(s)

List the name(s) and certification number(s) of the contractor or employee(s), where applicable, that performed the removal.

### Quantity Removed

Specify in linear or square feet the amounts removed during the quarter being reported for. Include the Year-to-Date totals for the 2<sup>nd</sup>, 3rd quarter so far (YTD totals do not apply to the 1st quarter).

### Method of Removal

Describe what method(s) were used on each project to remove the asbestos (glove-bag, ceiling scrape, cut and wrap, etc.).

### Compliance Procedures

Describe what precautions were taken to control asbestos emissions on each project (negative-pressure enclosure, wetting, HEPA vacuum, etc.).

### Anticipated Asbestos Removal Projects for Next Quarter

List the buildings you plan to work on in the upcoming quarter and the type(s) of project(s) planned.

Asbestos removal projects undertaken during the \_\_\_\_\_ quarter for calendar year 20\_\_\_\_

Property Owner: \_\_\_\_\_ Page: \_\_\_\_\_ of \_\_\_\_\_

Project Dates		Job Site Address or Location <small>Specify Name of Bldg., Vessel, etc.</small>	Asbestos Contractor or Employee Names	Cert Number	Quantity Removed in Linear or Square Feet	
Start	Complete				Quarter	Year Total
		_____ Facility _____ Address or Location _____ City	1. _____ 2. _____ 3. _____ 4. _____			
Method of Removal (describe): _____						
Compliance Procedures (describe): _____						

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Compliance Procedures (describe): _____						

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Method of Removal (describe): _____						
Compliance Procedures (describe): _____						

\* Please copy and attach completed page(s) for additional projects